

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kenneth Jerome COBB

(In the space above enter the full name(s) of the plaintiff(s).)

3

-against-

5

Ms. Tiffany Martinez

Jury Trial: Yes No
(check one)

0

Samaritan Village
Men's Shelter: Employee

1

Defendant's Employer:
Samaritan Village Head-
quarters, ~~2000 Broadway, New York, NY 10020~~
~~1000 Broadway, New York, NY 10018~~

CV

Employers are partly at fault for Ms. Martinez

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

14

I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Kenneth Jerome COBB

Street Address 20, West 115th Street, APT # 10-A

County, City Manhattan, New York

State & Zip Code New York, 10026

Telephone Number 646-612-3750

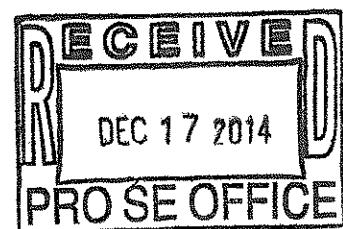
unprofessional conduct that could have cost me my life in violation of my rights as a human and United States citizen.

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Ms. Tiffany Martinez

Street Address 988, Myrtle Ave.



County, City Kings, New York City
State & Zip Code New York, 11206
Telephone Number 718 - 919 - 1381

Defendant No. 2

Name Samaritan Village Men's Shelter
Street Address 138-02, Queens Blvd : Headquarters
County, City Queens County, 11435
State & Zip Code New York, 11435
Telephone Number 718 - 206 - 2000

Defendant No. 3

Name _____
Street Address _____
County, City _____
State & Zip Code _____
Telephone Number _____

Defendant No. 4

Name _____
Street Address _____
County, City _____
State & Zip Code _____
Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions

Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? I, Kenneth Jerome COBB, am absolutely certain that I was poisoned by defendant cited in this law suit.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Samaritan Village Men's Shelter, 988, Myrtle Ave. BK'lyn, N.Y.
11206.

B. What date and approximate time did the events giving rise to your claim(s) occur? At approximately 6:30, P.M. on August 8th 2014.
4 to 12, Shift.

C. Facts: It is a fact that I on August 8th - 2014, at approximately 6:30, A.M. while I was sitting in Samaritan Village Men's Shelter access area which is a location in this facility where clients await to be placed in a bed of shelter, in a dormitory; while in access area clients are brought a tray of food and usually a cup of juice.
On same 4 to 12 shift at approximately 6:30, P.M. I was given a tray of food brought to me by shift supervisor Ms. Tiffany Martinez.
After I consumed tray of food which consisted of baked chicken and rice, and orange juice in a plastic cup, I a few hours later I became extremely ill; I vomited at least 7 times, once in my pillow case. The other times within minutes I struggled

IV. Injuries:

3, additional pages attached

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. As a result of being evidently poisoned I for approximately 2 days I felt extremely ill, I was forced as a result of severe head, head, chest pains, struggling to walk, vomiting, diarrhea, die on the 10th day of August - 2014 at 10:30 A.M.

Went to Woodhull Hospital, located in Brooklyn, N.Y. two blocks from shelter. I clearly explained to emergency room personnel just what I experienced after consuming food at shelter. urine I provided in a cup by P.A. refused to draw blood. Hospital file en-

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. As a result of the

intense pain and suffering I experienced
I believe I should be compensated
Five Millions Dollars, for my life was
in jeopardy something that can be
proven. end.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of December 2014

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Kenneth Colb
20, West 115th Street
APT # 10-A
Manhattan, N.Y. 10026.
646-612-3750

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20_____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number

1 of 3

to get to the restroom experiencing a bad case of diarrhea each time I struggled to bathroom located on the 4th floor of this shelter, which is the same floor my bed was located on.

I also experienced severe headaches, and stumbled nearly every step in my attempts to reach restroom.

My chest was hurting, I was sweating heavily, feeling totally different from usual, yes I seriously felt as if I was about to die.

Understand I've been eating chicken and rice at same shelter several times prior to August - 8th - 2014, a meal which is always accompanied by juice and on rare occasions water, and I never experienced such intense pains.

I was forced to stay in bed of shelter for nearly 2 days, video surveillance can prove, be my witness to the state I was in.

i.e. existing dormitory trying to make it to the restroom on same 4th floor; yes still ill.

On Sunday August - 10th 2014, at approximately 10:30, A.M. I did walk two blocks to woodhull hospital, informing emergency personnel of what had transpired after I consumed food and juice on 8-8-2014.

During dinner time at Transmitter village shelter.

P-2

While I was at woodhull hospital I was asked to provide a cup of urine which I did - immediately. But physician assistance name Mr. Jean Baptiste Richard was extremely reluctant to draw my blood to see just what I was poisoned with. your honor I kept asking, but to no avail. I being frustrated decided to leave. Enclosed is document from woodhull hospital, proving I was there on August - 10th 2014, at approximately 10:30 A.M.

Sir / Madam I was definately poisoned by Samaritan Village Men's Shelter Supervisor Ms. Tiffany Martinez.

the individual who personally served me a tray of food and a cup of orange juice on August - 8th - 2014, 6:30 P.M.

11 to 12, shift. Again video surveillance can prove all the is written in this suit.

Enclosed is also a copy of a police report I was forced to file at the 79th precinct located at 263 Tompkins Ave, Bk'lyn, N.Y. 11216, for Harassment Against shelter staff.

I currently have in my possession written complaint I filed with New York City's Homeless Agency: ~~Department~~ Dept of Homeless-Services located at 33, Beaver St. N.Y. N.Y. 10004. This complaint is what motivate & Defendants

P-3

unprofessional crime]

Yes she thought that she could get away with it. It is attempted murder.

Open for elaboration. end.

ex: 12-16-14. Kenneth Cobb

Kenneth L. COBB





INCIDENT INFORMATION SLIP

PD 301-164 (Rev. 08-08)

Date: 05/24/14

Welcome to 079 Pct 263 Tompkins Ave Brooklyn, NY 11216 (Telephone No.)
 (Command) (Address)

We hope that your business with us was handled satisfactorily. Your particular matter has been assigned the following number(s):

Complaint Report No.:

Accident Report No.:

Aided Report No.:

Reported to: P.O. Chow Date of Occurrence: 05/24/14 Time: 1850
 (Rank) (Name) (Shield No.)

Location of Occurrence: 1/20 980 Myrtle Ave

Crime: Harassment

Please keep this report should you have to refer to this matter in the future. If you need any further assistance feel free to contact us at telephone number (212) 626-6631. Please let us know if you have any suggestions on how we can better serve you. As you may already know, we will provide you with a crime prevention survey of your residence or business. Please ask for more information on this and other crime prevention initiatives. Our goal is to make you and your property safe.

COURTESY — PROFESSIONALISM — RESPECT

REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!!!

Wed, 20 Aug 14 1507

Page 1 of 2

Woodhull Medical and Mental Health Center
Woodhull Medical and Mental Health Cent
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-Zol/Bd 5	Cobb, Kenneth J	532853	532853-85	54Y	M

Attending Physician
Hill, Adam Douglas

Sun, 10Aug 1142 ED Disposition Note Status: complete

ED Attending : Adam Douglas Hill, MD
 Provider : Jean-Baptiste Richard, PA
 Patient Complaint : abdominal pain with vomiting and diarrhea x
 yesterday
 ESI : 3
 Disposition : Walked Out During Evaluation
 Disposition Date/Time : Sun, 10 Aug 2014 1142
 Diagnosis : Abdominal pain, other specified site;
 multiple sites
 Procedures : (99285) Emergency dept visit
 Condition : Stable
 Allergies Med : No Known Allergies
 Allergies Other : No Known Allergens
 Recall Required? : yes
 Recall Reason : follow up

Jean-Baptiste Richard, PA
 (10 Aug 11 1142)